

Public Transportation Subsidy Program Request for Supplemental Mailing of Fare Media

When you have completely filled out this form, please FAX it to the Department of Transportation: 202-493-2436

Applicant Information *(Please print clearly or type. Do not use initials or nicknames)*

Last name	First name	Middle initial
City your office is located in	State your office is located in	
Office telephone number <i>(Include Area Code)</i>	SEID number (you can ask your manager for your SEID)	

Check the appropriate Business Unit symbol

<input type="checkbox"/> APPZ	<input type="checkbox"/> ATTY	<input type="checkbox"/> AWSS	<input type="checkbox"/> CALC	<input type="checkbox"/> CIDV	<input type="checkbox"/> LMSB	<input type="checkbox"/> MITS
<input type="checkbox"/> NHQM	<input type="checkbox"/> SBSE	<input type="checkbox"/> TPAX	<input type="checkbox"/> TEGE	<input type="checkbox"/> TIGTA	<input type="checkbox"/> WAGE	

I understand the amount of subsidy requested will be mailed to my IRS Fare Media Distributor (FM Distributor). Once received, my IRS FM Distributor will contact me and I will sign for receipt of fare media. To determine who your FM Distributor is, visit the PTSP web site: <http://erc.web.irs.gov/docs/2002/awss/cs/erclinks/ptsplist.html#area>

Name of IRS FM Distributor	Phone number of FM Distributor <i>(Include Area Code)</i>
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Reason for Request *(Please check all that apply)*

- ☐ Missed original distribution.
- ☐ Missed make-up distribution.
- ☐ Did not use Form 11664-E, Authorization for Third Party Pick-up of Transit Subsidy.
- ☐ Not on DOT distribution list.
- ☐ New Applicant
- ☐ Other _____

Amount of Subsidy Request

Indicate below which month/s or quarter/s you are requesting subsidy for and annotate the year here _____ (e.g.2005)

Monthly Subsidy amount \$ _____

☐ Oct ☐ Nov ☐ Dec ☐ Jan ☐ Feb ☐ Mar
☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep

Quarterly Subsidy amount \$ _____

☐ Quarter 1: October, November, December ☐ Quarter 3: April, May, June
☐ Quarter 2: January, February, March ☐ Quarter 4: July, August, September

I certify that I am in current work status and will not pick up fare media more than once for the same distribution cycle.

Employee <i>(Participant)</i> signature	Date signed
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Approving Official *(Manager of record. Do not use initials or nicknames)*

Signature	Date signed	Email address
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PRIVACY ACT STATEMENT

This information is solicited under authority of 5 U.S.C. 301. Furnishing the information is voluntary, but failure to provide all or part of the information may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. Information in this record may periodically be used to ensure that the amount of subsidy requested and received by you is proper. This information may be disclosed to the Department of Transportation to perform its duties under an interagency agreement. Making a false, fictitious, or fraudulent certification may render you subject to criminal prosecution under Title 18; United States Code, Section 1001, Civil Penalty Action; providing for administrative recoveries of up to \$10,000 per violation; and/or agency disciplinary actions up to and including dismissal.